



2015 Adult Fall Softball League

Thank you for your interest in our 2015 Adult Fall Softball League! League information is listed on the first two pages of this packet. If you have any questions please feel free to contact Edwin Tse at 925-973-3268 or etse@sanramon.ca.gov. In order to register, you will need to submit a team application, a team roster form, (with signatures), and league fees to one of the San Ramon Community Centers. **Registration is due by Thursday, August 27, 2015.**

<u>League Information</u>	
Season Dates:	September 9th – October 26th*
Location:	Central Park Baseball Fields 1, 2 ,3 and Rancho San Ramon
Game Times:	6:25pm, 7:40pm, 8:55pm**
Max # of Teams:	7 teams per division***
* Dates are subject to change due to rainouts and/or unforeseen circumstances	
** Times are subject to change depending on number of teams in the league	
***Divisions may be expanded to accommodate more teams if field space permits	

Division Rankings from Highest to Lowest Skill Level:

D-1	Advanced Recreational
D-2	Intermediate Recreational
D-3	Beginner/Novice Recreational

<u>DIVISIONS</u>	<u>ACT #</u>	<u>NIGHT</u>	<u>FEE</u>	<u># of Games</u>	<u>SEASON DATES</u>	<u>Ages</u>
Men's D-3	96269	Monday	Early Bird Registration 8/3 – 8/18 \$572/\$640/\$715 After 8/18, \$622/\$690/\$765	6	9/14 – 11/3*	18+
Men's D-2 (Central Park)	96270	Wednesday		6	9/9 – 10/28*	18+
Men's D-2 (Rancho)	97091	Wednesday		6	9/9 – 10/28*	18+
Coed D-3	96273	Wednesday		6	9/19 – 10/28*	18+
Men's D-1	96272	Thursday		6	9/10 – 10/29*	18+
Coed D-2	96271	Thursday		6	9/10 – 10/29*	18+

* Dates and times are subject to change due to rainouts and/or unforeseen circumstances

LEAGUE FEES:

Fees are shown in the following order: **Resident Team** / **San Ramon Company Sponsored Team** / **Non-Resident Team**

- **Resident teams** may have no more than 6 non-resident players. Non-Resident = Non-San Ramon Resident
- **San Ramon Company sponsored teams** must have the entire payment come from a company check or credit card
- **Non-resident teams** have more than 6 Non-Residents and are not sponsored by a San Ramon Company

REGISTRATION:

Opens on Monday, August 3, 2015

Closes on **Thursday, August 27, 2015 at 5:00 p.m.**

*Registration is a first come, first serve basis.

TO APPLY:

Team managers must submit the following to be accepted:

1. 2015 Fall Adult Softball Team Application (page 3).
2. An official team roster **with at least 13 player signatures and information** (page 4).
3. League Fee (see previous page).

ROSTERS:

1. **NOTE:** All players must sign the roster/waiver.
2. All rosters **must be complete**. Add forms that are completely filled out count as an **official roster spot**.
3. Teams that register under the Resident rate cannot have more than 6 Non-Residents on their roster at any point during the season. If a Resident team has more than 6 Non-Residents on their roster, they will be re-registered as a Non-Resident team and must pay the difference in fees.
4. Any player missing address information on roster will automatically be considered a Non-Resident.
5. Teams must carry a minimum of 13 players and can have a maximum of 20 players on their roster.
6. Players may be added or dropped up to the 4th week of the 6 game season.

INTEREST LIST:

The City of San Ramon maintains a list of individuals who are interested in joining a team. Managers are encouraged to take advantage of this list if they are in need of additional players.

Individuals who are interested in joining a team should contact Edwin Tse at 925-973-3268 or etse@sanramon.ca.gov to be added to the interest list.

MANAGERS MEETINGS:

A **MANDATORY** Managers meeting will be held **Tuesday, September 1, 2015, 6:15pm**, at the **San Ramon Community Center, 12501 Alcosta Blvd., San Ramon**.

All managers will be responsible for knowing all of the league rules and policies, which we will go over during this meeting. Schedules will also be distributed at this meeting. The team manager is responsible for picking up schedules. If a manager cannot make it to the meeting they are responsible for sending someone in their place.

**LEAGUE
DIRECTOR:**

The League Director shall:

1. Determine the number, classification and type of divisions offered.
2. Shift teams from one division to another in order to provide a more balanced league.

NOTE: **Players cannot play on multiple softball teams in the same division on the same night in San Ramon.**

GENERAL INFORMATION

The next season held will be the 2016 Spring Season that will begin in March. If you do not receive the registration information by mid-February, call us at 925-973-3268 or email Edwin Tse at etse@sanramon.ca.gov. **Always notify the Community Center if you move so that we can keep our mailing list up to date. If you wish to have your name deleted from our mailing list, please call us or email us.**



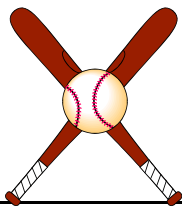
SAN RAMON PARKS & COMMUNITY SERVICES

Creating Community through People, Parks, Partnerships & Programs

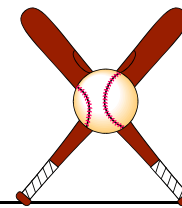
(925) 973-3200

www.SanRamon.ca.gov

Fax (925) 830-5162



City of San Ramon
Parks and Community Services
Sports Division



2015 Adult Fall Softball Team Application

Please indicate the divisions you would consider your team to play in. (Top 2 choices).

<u>Men's Divisions</u> _____ Monday Men's D-3 Division (96269) _____ Wednesday Men's D-2 Division (96270) (Central Park) _____ Wednesday Men's D-2 Division (97091) (Rancho) _____ Thursday Men's D-1 Division (96272)		<u>Coed Divisions</u> _____ Thursday Coed D-2 Division (96271) _____ Wednesday Coed D-3 Division (96273)	
_____ Resident Team 6 Game: \$572/ \$622*	_____ San Ramon Sponsored Team 6 Game: \$640/ \$690*	_____ Non-Resident Team 6 Game: \$715/ \$765*	

**Registration fees received after August 18, 2015.*

Team Name: _____

Manager's Name: _____

Phone: (Home) _____ **(Work)** _____ **(Cell)** _____

Address: _____ **City:** _____ **Zip:** _____

E-Mail Address (Required): _____

Asst. Manager's Name: _____

Phone: (Home) _____ **(Work)** _____ **(Cell)** _____

Address: _____ **City:** _____ **Zip:** _____

E-Mail Address: _____

Did this team play in a league last year? Yes _____ No _____

If Yes? Where: _____ Level: _____ Record: _____

If played in San Ramon, how many seasons? _____

I hereby request placement of the above-named team in City of San Ramon 2015 Adult Softball League. I understand that all participants on this team will abide by all rules and regulations set by the City of San Ramon Parks and Community Services Department. I realize that any falsification of roster or failure to follow league rules may result in the above-named team and its players being dropped from the activity, and forfeiture of all fees paid. I realize if my team has registered, been expected in the league, and then drop out of the league, I risk forfeiting fees paid.

I hereby certify that the above information is correct and understand that the League Director has the right to put my team in an appropriate league.

Manager's Signature _____ Date _____



City of San Ramon Parks & Community Services Department – Sports & Aquatics Division
ADULT SOFTBALL WAIVER & PLAYER ATHLETIC CONTRACT

TEAM NAME: _____ LEAGUE: _____
MANAGER’S NAME: _____ PHONE: (H) _____ (C/W) _____
ADDRESS: _____ CITY: _____ ZIP: _____

Player Waiver, Release of Liability and Indemnification Agreement

Please read carefully and sign below:

I agree to adhere to the rules and regulations of the City of San Ramon Parks and Community Services Department Adult Sports Leagues and abide by the Player Code of Conduct.

I, the undersigned, understand that there is an inherent risk of injury in programs that I may participate in and in further consideration of participation in the City of San Ramon Parks and Community Services Department Adult Sports Leagues, agree that I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assignees:

To defend, indemnify and hold harmless the City of San Ramon, its officers, employees, affiliates, or agents, the Amateur Softball Association, its officers, employees, or agents, from and against any and all claims, liabilities, losses, damages, costs or expenses, and release the City, its employees, elected officials, volunteers, and agents and the Amateur Softball Association, its employees, elected officials, volunteers, and agents from any and all claims or liabilities for death or personal injury or damages of any kind, except that which is the result of gross negligence and/or wanton misconduct of persons or entities listed above, arising from, or in any way connected with my participation.

I understand that my signature is a legal and binding signature and will be considered original if received by electronic means.

I have read, understand and voluntarily sign this agreement, and further agree that no oral representations, statements, or inducements apart from the above written agreement have been made.

MANAGER’S SIGNATURE _____ **DATE** _____

READ AND COMPLETE THE PLAYER WAIVER						
	FIRST & LAST NAME	PLAYER SIGNATURE	ADDRESS	CITY	ZIP	PHONE
1						
2						
3						
4						
5						
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